

No. 2
13-40
17-39
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FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1722

State File No. _____

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 5

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Ellis Fischel State Cancer Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community 5 1/2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 201 Park
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mr. Henry John Scott
(b) If veteran, SS. 495-18-0711 name war. No. _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 11th
year 1991 hour 5 minute — AM.

4. Sex Male 5. Color or race Colored
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emelia Scott
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased NOV 7 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-7-91 1991, to 1-12 1991
that I last saw him alive on 1-11 1991
and that death occurred on the date and hour stated above.

8. AGE: Years 52 Months 2 Days 4
If less than one day hr. _____ min. _____

Immediate cause of death
Due to 1) carcinoma of tongue with cervical
2) node metastasis
Due to inhibition
Other conditions (include pregnancy within 3 months of death) None

9. Birthplace Boone Co., Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Laborer

MOTHER FATHER
11. Industry or business _____
12. Name Charles Scott
13. Birthplace Boone Mo. (City, town, or county) (State or foreign country)
14. Maiden name Emma Strong
15. Birthplace Boone Mo. (City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy None
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Joseph Lewis Reed
(b) Address Above Hospital
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-91 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cem.
18. (a) Signature of funeral director Stuart J. Parker
(b) Address Columbia Missouri
19. (a) 1/13/91 (Date received local registrar) (b) Allie Selby (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 74
(Specify type of place) (e) Means of injury _____
While at work? _____
23. Signature Lauren V. Ackerman (M. D. or other) D.M.D.
Address Ellis Fischel Cancer Hospital Date signed 1/12/91

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No.

.....
working under my personal supervision.

Signed

Stuart P. Parker

Licensed Embalmer No.

2900

P. O. Address

Columbia, N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.